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\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <u>                    </u> Examiner's Signature                      Initials	STATE OR COUNTRY JAPAN	SHEETS DRAWING 21	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 3
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## TITLE

Medical information system

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